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Summary of mid-term reviews and major evaluations of country programmes

Eastern and Southern Africa Region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The Regional Office received the MTR and evaluations on HIV/AIDS described herein during 2000. A few of the evaluations reviewed were completed prior to 2000. All of the evaluations reviewed were considered to include essential cumulative programme lessons learned in this priority area.

Introduction

1. There was one mid-term review (MTR) — for Comoros — conducted in the region during 2000. The present report also describes general monitoring and evaluation issues in the region and reviews evaluations of HIV/AIDS programmes. Summaries of selected evaluations are presented to highlight the lessons learned and applied to improve programmes. A brief concluding section summarizes results and highlights future directions for effective programme development.

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Mid-term review of the Comoros country programme

2. Political instability in Comoros is impeding social and economic development. The Government of Comoros/UNICEF programme of cooperation for 1997-2001 has spanned 2 regimes and 12 Governments. The programme focuses particularly on the health and education sectors; however, there have been nine ministers of health, seven ministers of education and three secretaries-general since 1997. Anjouan, one of three islands forming the Republic, declared itself independent in 1997, and was subsequently put under embargo by the Republic. This effectively put a halt to almost all programme activities on the island. Overall, it was difficult to achieve progress on most objectives. Nevertheless, the MTR identified achievements and made recommendations for adjustments to the country programme management plan (CPMP).

3. **The situation of children and women**. The situation of children and women is the same or worse than it was in 1997. The population is doubling every 20 years. Gross domestic product slid from $700 in 1991 to $452 in 1997. Many families depend on remittances from abroad. The last available quantitative information (1995-1996) showed infant mortality at 77-88 per 1,000 live births; under-five mortality at 104-128 per 1,000 live births; and maternal mortality at 500-950 per 100,000 live births. There are significant inter-island disparities, with Anjouan being the most densely populated and impoverished, and with the worst vaccination coverage and lowest life expectancy. Malaria, diarrhoea and acute respiratory infections remain the worst threats to children's lives. Some 34 per cent of children are malnourished, 13 per cent of them acutely. Vitamin A and iodine deficiencies are endemic. Health facilities are accessible, but the quality of care is extremely poor and services are underutilized. Vaccine coverage, which had deteriorated, improved in late 2000. The prevalence of HIV/AIDS is relatively low, but there are many factors present conducive to its spread. On the bright side, basic education is a priority in the country. High percentages of boys and girls are enrolled in school, although at low levels for their age, and with high drop-out and repetition rates. Girls' rights to education and to freedom from economic and sexual exploitation are more likely to be abrogated than are boys' rights. A National Commission and a Regional Committee (*Mohéli*) were established to oversee implementation of the Convention on the Rights of the Child. The initial report was sent to the Committee on the Rights of the Child in 1997 and was examined in September 2000.

4. **Achievements and constraints**. Achievements during 1997-2000 in the area of basic health care included the rehabilitation of two health posts, and the provision of medicinal supplies and cold-chain facilities. With the assistance of the World Health Organization (WHO), a list of essential drugs was distributed. A chief doctor received public health training. Follow-up is pending health sector reform recommendations. Health registers were distributed, but are not yet in use. Constraints to achieving health care objectives include the large number of health facilities in need of assistance, and the failure of cost-recovery measures to sustain medical supplies as revenues are used to pay salaries. A comprehensive needs assessment is required. Statistics need to be collected and used. With assistance from UNICEF, Coopération française (French Cooperation) and CARE International, achievements in the fight against endemic diseases in 2000 included activities in cholera prevention and the expanded programme on immunization (EPI). Some 120 traditional birth attendants were trained and equipped with safe

delivery kits. Educational material on breastfeeding was distributed to all districts. The Government is formulating a policy on iodized salt. Vitamin A capsules were distribution in conjunction with measles vaccinations. Water in Grandes Comores cisterns was analysed. Although not a programme objective, there were many activities and achievements in malaria prevention.

5. Progress was made on achieving the education objectives and in child rights. An education study team visited Madagascar, and an evaluation report identified priority needs. As a result, 52 public schools were refurbished and another 17 in high priority areas received special support. Girls' enrolment increased from 35 to 39 per cent. The Government's local partnership strategy enabled communities (especially in Grande Comores) to mobilize resources, pay teachers and keep schools open, while other areas suffered school closures because teachers were not paid. Studies on girls' education and child labour resulted in a national plan of action for the promotion of girls' education. A comparative study of Comorien laws and the Convention on the Rights of the Child was undertaken, and two judges for minors were appointed. A birth registration system was established. Twenty journalists were trained in the rights of the child. The programme objective of strengthening data collection and use was considered over-ambitious.

6. **Assessment of programme strategies: lessons learned**. The programme has five cross-cutting strategies. The partnership strategy worked well for the education projects, especially in Grandes Comores, where many communities assumed responsibility for local schools. Lessons learned should be applied in health and social planning projects and across all three islands. Exploiting convergences and synergies with other development partners requires the development of regional and national action plans. This would help to correct fragmented approaches and duplication of efforts. The social mobilization and advocacy strategy was implemented unevenly, with some successes in child rights advocacy and with mass media communication campaigns for specific programmes. Extending the village development associations found in Grandes Comores would facilitate grass-roots mobilization. The monitoring and evaluation strategy was poorly implemented except in education projects. Even where data collection mechanisms exist, they are not being used. Programme reviewers found that involving women in all aspects of development programming remains a challenge.

7. **CPMP**. Adjustments to the CPMP build on strengths and capacities existing despite the difficult political and economic context. Some recommended changes reflect a new dynamism in Comoros for the realization of children's and women's rights. The following adjustments were approved by UNICEF and the Government: (a) interventions to decrease disparities between islands; (b) decentralization of capacity-building efforts to improve local partnerships; (c) support for the involvement of youth in the fight against HIV/AIDS; (d) exploitation of synergies with partners to achieve the objectives of the basic health project; (e) adaptation of EPI project strategies with the aim of improving coverage; (f) increased focus of the health promotion project on the fight against malaria, the reduction of maternal mortality and iodine and vitamin A deficiencies, and health education in schools; (g) inclusion of the following basic education strategies: advocacy with the Government to pay teachers' salaries; support for community initiatives; improvements in the quality of apprenticeship training; support for civic education in schools; and support for community partnerships in schools; (h) the elimination of social planning as a priority area, replaced by promotion of the rights of the child; and (i)

replacement of the planning and social statistics project with activities aimed at preparing for the next programme of cooperation (2002-2006) within a child rights framework.

General monitoring and evaluation issues

8. The regional strategy for evaluation, approved by the Regional Management Team (RMT), focuses on improving quality in evaluation through capacity development, information sharing and increased electronic networking. The Eastern and Southern Africa Regional Office has supported the creation of national evaluation associations, usage of an e-mail list-server and creation of a web site for evaluation in Africa, and development of a checklist for quality control of evaluation research — the "African Evaluation Guidelines".

9. The number of collaborating national evaluation associations and networks in Africa increased from 6 in 1999 to 12 in 2000. Some groups have only a dozen members (South Africa, Zimbabwe), while others have over 200 members (Kenya). The focus on capacity development is shifting towards improving quality by influencing evaluation practice and government evaluation policy. One of the networks has benefited from the participation of the head of the Government Evaluation Unit (South Africa) and one from leadership by the Director of the Government Statistics Office (Madagascar).

10. Six national networks or associations have registered as co-authors of the draft "African Evaluation Guidelines", a checklist for quality assurance in evaluation research. UNICEF piloted the use of this checklist in the Zambia MTR and the Kenya EPI review. WHO will be incorporating items from the checklist in its revised EPI review protocol at a global level.

11. Three key lessons were learned from these activities. Regional evaluation activities can be operated as a programme, as well as a service. Modest, non-financial encouragement can result in the creation and sustained capacity development of organizations of national evaluators, and the close linkage of these groups to UNICEF country offices. Emerging national civil society organizations can have significant effects on national research environments.

Major evaluations by priority area

12. In 2000, the Regional Office presented a thematic review of evaluation work in the region rather than a few studies in depth. This year, following an RMT discussion, it was decided to present a thematic review of evaluation studies and lessons learned by UNICEF programmes dealing with HIV/AIDS, the major regional priority. Seventy-seven studies on HIV/AIDS were undertaken in 14 countries in the last 10 years. About one half of the studies were completed in the last two years, a clear sign of the increased attention to this priority area. The best 23 evaluations were selected for inclusion in this review, mostly from 2000. Lessons learned from earlier evaluations are included when they are considered essential to a clear cumulative understanding of programmatic issues and when the results have not been presented previously to the Executive Board.

13. This thematic review is structured according to the five regional priorities in HIV/AIDS: (a) breaking the silence, ending the stigma (5 evaluations); (b) prevention of mother-to-child transmission (MTCT) (6); (c) children orphaned by AIDS (6); (d) prevention among youth (6); and (e) care and support of women and children (7).

Breaking the silence, ending the stigma

14. Most countries have already greatly increased their understanding of the knowledge, attitudes, beliefs and practices that contribute to the spread of HIV/AIDS. This understanding is now being applied effectively to key information, education and communication (IEC) projects. The region made progress towards "breaking the silence". There is now a high level of awareness about HIV/AIDS. The Regional Office reviewed 13 evaluative studies relating to this priority area, from the United Republic of Tanzania, Zambia and Zimbabwe (the latter being the first country in the region to confront the epidemic squarely). The studies below provide lessons learned from four communication approaches: peer education; participatory drama; community-based IEC; and radio.

15. A Zimbabwean evaluation describes a focused project that trained commercial sex workers as peer educators, 80 per cent of whom said that they increased peoples' awareness of HIV/AIDS and improved communication between men and women. The project motivated community members to engage in peer education and vigorously promoted the distribution of condoms. Health-seeking behaviour, especially for sexually transmitted infections (STIs), increased. Community members wanted the project to build on this success by broadening its target audience and including life skills training. Based on this lesson learned, Chitungwiza Town Council and UNICEF started a youth peer education project.

16. UNICEF Tanzania sponsored an empowering, evaluative process called "The Popular Theatre Approach". Thirty-seven animators fanned out across two rural districts, enlisting people from all walks of life. They identified causes for the spread of HIV/AIDS, suggested solutions, decided on priorities and chose art forms to deliver prevention messages. Some 18,500 people attended the arts festivals held to deliver these messages. The evaluation process itself was part of the product. It helped people understand their environment, develop skills for independent problem-solving and decision-making, and implement their decisions.

17. A Zimbabwean project with a similar objective used several non-governmental organization (NGO) partners, with mixed results. All partners were active in training community workers and developing media messages, but some materials were inappropriate. Many educators did not comprehend or could not implement participatory techniques. Partners differed in their belief and commitment to objectives. Multiple counterpart approaches require a higher level of coordination, careful consideration of partners' capacities, and consultative planning. A major lesson learned from this project is that participatory approaches are essential, but not easily achieved.

18. Most evaluations in Africa rely on qualitative approaches, which cost less, can be done faster, and do not require sophisticated training and software. By contrast, a quantitative evaluation of a radio programme in Zambia applied a sophisticated statistical methodology relying on baseline and follow-up survey data. A cluster

sampling procedure used random selections in three stages. The study confirmed that people understood the radio programme and that attitudinal and behaviour changes occurred. However, these changes could not be ascribed to the impact of the programme. People with low exposure to the programme showed the same changes as those with high exposure since people in the programme area had access to at least six other sources of information. A useful lesson was learned about the importance of isolating programme effect from other effects. The attribution of effect is a complex endeavour.

Prevention of mother-to-child transmission

19. The Regional Office received eight evaluative studies on this priority area, from Botswana, Kenya, Mozambique, Swaziland, the United Republic of Tanzania and Zambia. The prevention of MTCT is a newer area of intervention in the region. Most pregnant and lactating women do not know their HIV status, let alone have rights of access to Zidovudine (AZT) or Nevirapine. Non-AIDS risks to non-breastfed infants remain high, so policy makers hesitate to advise HIV-positive women against breastfeeding. Women who do not breastfeed are stigmatized and immediately suspected of being HIV-positive. MTCT interventions can be complex and costly. Components include creating enabling, supportive environments; testing and counselling; administering drug regimens; and teaching about safe, affordable breastfeeding alternatives. The five studies summarized below illustrate lessons learned from pilot projects at health facilities and from formative research to guide and improve programme design.

20. Two studies from Botswana assessed pilot MTCT projects from different perspectives. One study in a low-income urban area documented the perspectives of pregnant and breastfeeding women attending clinics and the views of their communities. Focus group discussions and interviews showed that MTCT prevention programmes must include the whole community. Women do not make decisions alone and need support for those decisions, especially from men and elders of both sexes. IEC should be a dynamic, interactive process. It should be positive about MTCT prevention and avoid scaring women away from testing. The second study focused on health service providers at 12 health facilities. It assessed logistics, IEC, feeding, monitoring, staffing, laboratory work and counselling. Specific suggestions for improvements included giving single-dose Nevirapine to increase uptake and eliminate patients receiving suboptimal doses. Women should be allowed to take small amounts of formula home that will not attract attention. Projects must establish and maintain appropriate IEC, guidelines and protocols. Motivated staff, rapid turnaround of test results and committed managers are key to success.

21. Three baseline assessments, from Kenya, Swaziland and Zambia, used focus group discussions with men and women at the community level. The Kenyan study also used a cross-sectional survey to sample different cadres of health workers who serve pregnant and lactating women. The Swaziland study was the most extensive, with qualitative and quantitative data collected at the national level through questionnaires, focus group discussions and in-depth interviews. All the results highlight the importance of ensuring that health workers are kept up-to-date about all aspects of MTCT, that they have good counselling skills and that they receive follow-up supervision. Cost and risk analysis should precede MTCT implementation to determine local availability, affordability, acceptability and safety of breast milk

substitutes. Prevention, care, support and stigma must be worked on simultaneously, in partnership with communities, organizations and programmes. Participatory research can ensure that IEC messages are effective.

Children orphaned by AIDS

22. The Regional Office reviewed eight evaluative studies relating to this priority area, from South Africa, Swaziland, Zambia and Zimbabwe. The needs of the growing millions of AIDS orphans overwhelm traditional coping mechanisms. In 2000, countries sought answers to fundamental questions such as "Who are they?", "Where are they?", "Who is taking care of them, and how well?", and "What are realistic, sustainable approaches to meeting their needs and achieving their rights?". South Africa took a major step forward with two studies that assessed the quality of five types of care, and identified the most cost-effective as well as areas for immediate action. One South African study, and the Swaziland study, included in-depth interviews with orphans and caretakers. Most of the children interviewed were left in circumstances that contravene their basic rights, and they lacked awareness of policies, laws or programmes to protect them. Advocacy for children's rights is needed at all levels. Zambia and Zimbabwe evaluated community-based care programmes with a view to assessing replicability and sustainability. It is promising to note that participatory, community-owned approaches work well and are cost-effective.

23. An excellent two-part South African assessment covered 10 sites and was enriched by the participation of a large, comprehensive group of stakeholders. Six different approaches to caring for orphaned and vulnerable children were described: (a) informal, non-statutory foster care; (b) community-based support structures; (c) home-based care and support; (d) unregistered residential care; (e) statutory adoption and foster care; and (f) statutory residential care. The assessment discussed all aspects of each approach. Residential and community-based approaches were the best for children, and community-based models the most cost-effective. However, external assistance is needed to ensure that cost-effective approaches meet minimum quality of care standards. Some expensive statutory residential institutions are necessary because many children have no other place to go and are fatally ill. A continuum of approaches must exist, and laws should allow for emergent responses that fill a gap. In-depth interviews in a Swaziland study enabled evaluators to achieve deeper insights into orphans' circumstances. The orphans expressed a strong desire for solutions that keep siblings together and in familiar surroundings. Having a trusted adult to talk with greatly reduces their anxiety and depression. Most of the orphans did not know how or were afraid to talk about why their parents died. This contributed to their stress and heightened their risk of contracting the disease. All of these studies recommended community development approaches that foster joint problem-solving and that are based on children's rights rather than just basic needs.

24. A community-based programme in Zimbabwe was evaluated in order to make recommendations for sustainability. Community committees managed interventions in 15 chieftainship areas covering two districts. The evaluation employed a questionnaire for 460 households, participatory community discussions, interviews with key informants and stakeholder meetings. Communities achieved different levels of success in mobilizing support for orphans due mainly to the quality of leadership, the quality of committee membership and the degree of involvement of

local populations. Even well-organized, active communities could not meet all the orphans' needs. However, communities with strong, transparent and committed leadership, who got the whole community involved, accomplished the most. A final lesson learned was that while community-level, income-generating projects worked better than household-level interventions, even some low-profit garden projects were useful because they improved nutrition.

25. An NGO/hospital-implemented project in Zambia helped two communities assist orphans through awareness-raising, the formation of "Children in Need" committees, the registration of orphans and income-generating projects. UNICEF funded the rehabilitation of a school, a borehole and a health centre in return for tuition waivers and health care for orphans. Several lessons were learned and subsequently applied in the project. For example, the provision of free health care at clinics was not very useful because all serious illnesses are referred to the hospital, where orphans are not exempt from paying. Committees needed to be better trained and motivated to register and monitor orphans, and to coordinate with schools and clinics. More generally, the division of responsibilities between UNICEF, the NGO and local committees did not work as well as the approach in Zimbabwe, where all responsibility was at the community level. This project needs stronger planning and a more transparent, participatory approach.

Prevention among youth

26. The Regional Office reviewed 10 evaluative studies relating to this priority area, from Botswana, Ethiopia, Kenya, Madagascar, Malawi, Mozambique and Zimbabwe, as well as from a regional programme. The studies included formative research, advocacy and project evaluation at regional, national and subnational levels. Prevention among youth was addressed by approaches that aimed at both attitude and behaviour change. To this end, a marked shift occurred, away from simply transferring passive knowledge, to teaching empowering life skills such as decision-making, problem-solving and negotiating. The Sara Communication Initiative, summarized in paragraph 27 below, exemplifies this approach. A programme in Malawi called "Going to Scale: Sustained Risk Reduction for Youth" deserves special mention for national-level behaviour change. The three other studies summarized below illustrate lessons learned from youth-oriented IEC projects in Madagascar and Mozambique, and from a national-level, formative research study in Zimbabwe.

27. The Sara Communication Initiative is a regional "entertainment/education" strategy. It uses popular formats in film, radio and printed materials to raise awareness about themes associated with the rights of the child. Many of the stories deal with HIV/AIDS-related sexual behaviour and practices. Twenty-three countries are involved in the Initiative; 11 have completed formative research and evaluation of at least one episode/story. A summary report includes an implementation study carried out in seven countries; a quantitative outcome study from the United Republic of Tanzania; and four qualitative outcome studies from Kenya and Uganda. The implementation study and the qualitative outcome studies relied on direct observation, interviews and document analysis. The quantitative outcome study used a survey based on multi-stage cluster sampling. The results confirmed that a well-planned, well-researched, high-quality entertainment/education strategy is very successful, especially when combined with facilitative teaching and discussion.

Illustrative cases showed girls who were using life skills that had been learned or reinforced by the Sara materials. However, children's rights were fully realized only when parents or other caregivers supported them.

28. A national programme in Malawi provided youth with knowledge and skills to avoid high-risk sexual behaviour. A qualitative evaluation assessed the six programme components: school curriculum; extra-curricular activities; environmental support; clubs for out-of-school youth; reproductive health services for youth; and monitoring and evaluation. Developing and implementing curriculum took longer than expected — one was in place and others were being developed at the time of the evaluation. This might be expedited by adapting curriculum materials from other countries and cooperating with other donors. Some 3,200 anti-AIDS clubs were established in schools. These were more successful than the out-of-school clubs because the school clubs were better organized, better focused and did not try to accomplish goals beyond their competencies, such as skills training. More girls need to be encouraged to attend anti-AIDS clubs. The programme sponsored two radio programmes, advertisements and purchases of sports equipment. Two unrealistic objectives were not achieved (a video and pilot reproductive health services). Overall, the programme was very successful in "breaking the silence" and in bridging the knowledge-behaviour gap.

29. An IEC project in Madagascar was evaluated using an empowering, participatory approach that trained partners. Information was gathered from 441 people in 46 groups at 9 sites. Focus group discussions included diverse socio-occupational groups (e.g. rickshaw pullers, prostitutes, dockworkers, street children, students, apprentices, soldiers, police, health workers, university administrators, and members of sports and religious clubs). The same groups met again to discuss findings, arrive at conclusions and agree on solutions. It was agreed that IEC messages were not well understood or remembered, nor did they address the issues of fear and stigmatization. IEC activities should be developed and implemented by people with a close relationship and understanding of target audiences. Grass-roots groups such as anti-AIDS and stop-AIDS clubs in schools, police, military and workers' groups can be very effective in educating and mobilizing people, especially when they integrate IEC into their ongoing activities.

30. A project in Mozambique used theatre and youth mobilizers to bring IEC on HIV/AIDS to students. The project was evaluated through interviews with the youth mobilizers, reviews of monthly reports, and focus group discussions with a sampling of youth and their teachers, who received the IEC. The evaluation participants felt that the impact would have been greater if the messages were less pedantic and more appropriate for the target audience. The mobilizers did not have good participatory communication skills. Teachers and students believed that training peers as educators is more effective. As a result of this evaluation, the implementing NGO hired a communications specialist. The study also pointed out that messages delivered in schools should be reinforced by HIV/AIDS education within the school curriculum.

31. A national-level study in Zimbabwe investigated the health and development needs of out-of-school youth (both sexes) between the ages of 14 and 24 years. A quantitative questionnaire was administered to 355 youths in six provinces. Some 542 people participated in focus group discussions and community forums in four provinces. Purposive sampling controlled for ethnicity, gender and location. Out-of-

school youth are particularly vulnerable to HIV, other STIs, unwanted pregnancies, substance abuse and law breaking. The study stressed their lack of productive alternatives. HIV/AIDS awareness has little impact on their behaviour. Two printed publications were virtually inaccessible, and radio broadcasts were judged to be repetitive, outdated, sensationalist or poorly timed. The study recommended a "youth-friendly" approach to health services to reduce barriers such as inaccessibility, cost, lack of confidentiality and religious beliefs. To reduce HIV/AIDS transmission, youth need education on reproductive health, substance abuse and support for safe sexual practices. Interventions must take into account gender inequalities in sexual decisions.

Care and support of women and children

32. The Regional Office reviewed 16 evaluative studies relating to this priority area, including education in particular, from Ethiopia, Kenya, Mozambique, Swaziland, the United Republic of Tanzania, Zambia and Zimbabwe. Formative and evaluative research across all countries identifies the same pressing needs for information, education, health care and advocacy to end discrimination and stigma related to being infected, widowed or orphaned by HIV/AIDS. Three different approaches to understanding the impact of HIV/AIDS on education are illustrated below in studies from Kenya, Mozambique and the United Republic of Tanzania. Two Zimbabwean evaluations summarized below illustrate lessons learned from developing and implementing curriculum at different levels. A Zambian evaluation covers four different types of peer education projects.

33. Studies from Kenya and the United Republic of Tanzania investigated the impact of AIDS on the education sector. The Kenyan study purposively selected 11 high prevalence sites throughout the country, where classical focus group techniques and child-oriented research methods were used at 129 schools. The Tanzanian assessment used a cross-sectional survey, focus group discussions, on-site observations and document review. Both studies stressed the need for teacher training and HIV/AIDS and reproductive health education within schools. The Kenyan study powerfully demonstrated that children understand the impact of AIDS on their lives, and can clearly articulate what they need and what they can do. Their input, together with community support, enrich curriculum and programmes. Important elements are stopping substance abuse, discouraging harmful traditional practices, modifying rites of passage and replacing social gatherings conducive to promiscuity. Changing transfer policies and allocating more funds for substitutes could help with shortages of teachers due to HIV/AIDS. Counselling and guidance are the least funded elements. Communities could earmark local sales taxes to support orphans, while NGOs could mobilize social support groups. The worst deprivations of children's rights occur in hard-to-reach rural areas.

34. Mozambique used Spectrum projection software to explore demand, supply and cost factors on a national level for the education sector. Despite higher mortality rates, the demand for education is little affected by HIV/AIDS. However, the epidemic diminishes the supply of teachers and administrators; between 2000 and 2010, 17 per cent of personnel will die of AIDS. For each death, 18 months of productive work time are lost. The efficiency of the education sector will be reduced and costs will increase by about $110 million. Thousands of AIDS orphans are likely to be denied their right to education. The evaluation recommended expanding

both teacher training and education on AIDS to all school levels. Teachers should be motivated to practise preventive behaviour, and laws prohibiting sexual relations with students should be enforced. Programmes and policies to assist orphans remain in school are needed — one low-cost example is to make school calendars sensitive to farm labour seasons.

35. A frank yet appreciative evaluation from Zimbabwe reflects on lessons learned from a decade of introducing HIV/AIDS education into primary, secondary and tertiary schools. The report relied on extensive documentation review and interviews with key informants. The programme was cost-effective, highly successful and worth replicating in other countries. Success hinged on a flexible implementation process (good planning and constant review, with refinement or change as needed), and also on participatory teaching and learning methods. The curricula included both factual information and practical exercises aimed at developing life skills. By introducing cluster-level on-site training, the programme corrected delays and dilution in quality resulting from the cascade method of training. Another discovery was that even experienced curriculum writers and teachers needed intensive training in participatory methods. They also needed guidance in dealing with sensitive, sexually explicit topics.

36. Another report from Zimbabwe used questionnaires and focus group interviews to assess the capacity developed among student teachers to support the AIDS and life skills curriculum in primary and secondary schools. Respondents were 1,562 third-year students in 17 colleges. The course enabled them to discuss sexuality and teach reproductive health issues, but it did not change their suspicion and fear of persons living with HIV/AIDS. A tendency to cast blame remained. The small increase in knowledge between the baseline and evaluation studies was not attributable to the course. Participants recommended that course attendance should be enforced, and that curriculum, resource materials and teachers should be more up-to-date and appropriate. The use of peer educators and participatory learning techniques could help students to internalize more positive attitudes.

37. An evaluation from Zambia reviewed four UNICEF-assisted projects: (a) training people in counselling; (b) training youth peer educators; (c) building the capacity of an AIDS support organization; and (d) delivering IEC to low-income commercial sex workers and other women. The evaluator collected information through document reviews, on-site observational visits and interviews, and then applied convergence and divergence theories to describe common themes and patterns across the four projects. Although the NGO partners had diffuse objectives and target groups, educators in all of the projects increased knowledge about the transmission and prevention of HIV/AIDS. The next phase of intervention should use participatory assessment, analysis and action to refine and improve IEC messages and specifically target behaviour change.

Conclusions and implications for future actions

38. The Comoros MTR and the evaluative studies summarized in the present report are collective evidence of a nascent paradigm shift towards recognizing that achievement of women's and children's rights must inform programme design, objectives and, of course, evaluation. In the priority area of HIV/AIDS, there is a shift from exploration of needs, issues and advocacy, towards dynamic interventions

to stem HIV/AIDS and create enabling environments for women and children infected or affected by HIV/AIDS.

39. The six most successful projects described in this report shared a common element of broad-based participation at both community and national levels, for example, the exemplary community-level, participatory approaches of the Popular Theatre Approach in the United Republic of Tanzania; the community-run programme in 15 chieftainships in Zimbabwe; and the community-based, cost-effective solutions to orphan care in South Africa. At the national level, role models include extensive pre-testing and refinements to develop the Sara Initiative; the 3,200 anti-AIDS clubs in Malawian schools; and the implementation of AIDS education at primary, secondary and tertiary levels in Zimbabwe. Eight excellent baseline assessments and evaluations also used participatory approaches. By contrast, six evaluations of less successful projects found that they failed to adequately incorporate the views, priorities and involvement of the people they were trying to serve.

40. Participatory approaches help people to "own" their problems and identify solutions, but the emphasis on problems may be discouraging. A more appreciative focus that identifies strengths and accomplishments can have an energizing and empowering effect. The best examples are the report from Zimbabwe on the HIV/AIDS curriculum, the Tanzanian Popular Theatre Approach, and the South African assessment of caregiving approaches for orphans. All three enabled stakeholders to solve problems by using their own strengths. HIV/AIDS in Africa can seem to be an overwhelming, inexorable tragedy; nowhere is a positive, "can-do" approach more necessary to overcome fatalism and dismay. Extending an appreciative approach to participatory processes is a promising future direction for evaluation. These reviews have helped to create the lessons learned needed to deal with emerging issues and obtain useful outcomes through the Regional Office's medium-term strategic planning.